

APPENDIX 1

Preparation

APPENDIX 1

This appendix corresponds with Step 1: Preparation. It provides completed examples for:

- a Job Requirements and Physical Demands Survey (JR/PD Survey);
- a JR/PD Survey Summary Report; and
- an AF Form 190.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

JRPD SURVEY

A completed survey is provided so that you can see the type of information on which the JRPD Survey Summary Report was compiled. One note of caution: the installation EWG does not make conclusions based on responses on individual surveys. This sample is provided only so that you understand the overall process.

JOB REQUIREMENTS AND PHYSICAL DEMANDS SURVEY

Job Requirements and Physical Demands Survey	Date (YYMMDD) 960516	Workplace Identifier:	
<i>(use this space for mechanical imprint)</i>	Base Patrick AFB		Organization 45 SUS
	Workplace Base Library		
	Bldg. No/Location <div style="text-align: right;">722</div>		Room/Area Library
	AFSC/Job Series GS1410		
Gender: Female <input checked="" type="radio"/> Male <input type="radio"/>			
Work Group: Civilian <input checked="" type="radio"/> Grade: _____ Military <input type="radio"/> Rank: _____			
Age Category: 20 and under <input type="radio"/> 21-30 <input type="radio"/> 31-40 <input checked="" type="radio"/> over 40 <input type="radio"/>			
Length of service at this base: less than one year <input type="radio"/> more than one year <input checked="" type="radio"/>			
Length of time in current shop: less than one year <input type="radio"/> more than one year <input checked="" type="radio"/>			
Have you completed this questionnaire before? Yes <input type="radio"/> No <input checked="" type="radio"/>			

Part I - Job Factors

This section enables you to describe what is involved in your job. Indicate how long you do this work on approximately a daily basis.

A. DESCRIPTION OF WORK

SHOULDER / NECK

Never 0-2 hrs. 2-4 hrs. 4-8 hrs.

1. I work with my hands at or above chest level. (*Figure A.*) ☐ ☒ ☐ ☐

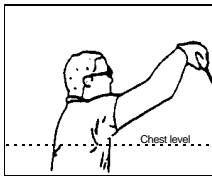


Figure A.

2. To get to or to do my work, I must lay on my back or side and work with my arms up. ☒ ☐ ☐ ☐
3. I must hold or carry materials (or large stacks of files) during the course of my work. ☐ ☐ ☐ ☒
4. I force or yank components or work objects in order to complete a task. ☒ ☐ ☐ ☐
5. I reach or hold my arms in front of or behind my body (e.g., using a keyboard, filing, handling parts, performing inspection tasks, pushing or pulling carts, etc.). (*Figures B.*) ☐ ☐ ☒ ☐



Figure B.

6. My neck is tipped forward or backward when I work. (*Figure C.*) ☐ ☐ ☐ ☒

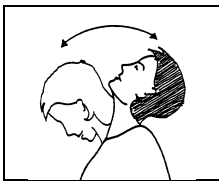


Figure C.

7. I cradle a phone or other device between my neck and shoulder. (*Figure D.*) ☐ ☒ ☐ ☐



Figure D.

Part I - Job Factors (continued)

HAND/WRIST/ARM

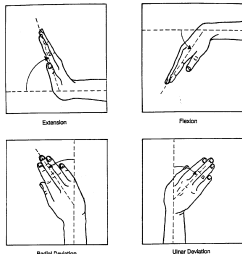


Figure E.

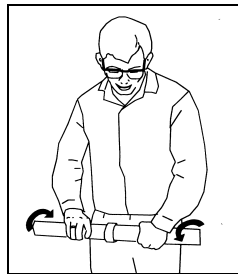


Figure F.

	Never	0-2 hrs.	2-4 hrs.	4-8 hrs.
8. My wrists are bent (up, down, to the thumb or little finger side) while I work. (Figure E.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. I apply pressure or hold an item/material/tool (e.g., screw driver, spray gun, mouse, etc.) in my hand for longer than 10 seconds at a time.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My work requires me to use my hands in a way that is similar to wringing out clothes. (Figure F.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I perform a series of repetitive tasks or movements during the normal course of my work (e.g., using a keyboard, tightening fasteners, cutting meat, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. The work surface (e.g., desk, bench, etc.) or tool(s) that I use presses into my palm(s), wrist(s), or against the sides of my fingers leaving red marks on or beneath the skin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13. I use my hand/palm like a hammer to do certain aspects of my work.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My hands and fingers are cold when I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. I work at a fast pace to keep up with a machine production quota or performance incentive.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The tool(s) that I use vibrates and/or jerks my hand(s) and arms(s).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My work requires that I repeatedly throw or toss items.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My work requires me to twist my forearms, such as turning a screwdriver.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I wear gloves that are bulky, or reduce my ability to grip.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I squeeze or pinch work objects with a force similar to that which is required to open a lid on a new jar.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I grip work objects or tools as if I am gripping tightly onto a pencil.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Part I - Job Factors (continued)

BACK/TORSO

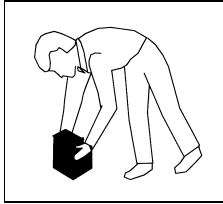


Figure G.

22. When I lift, move components, or do other aspects of my work, my hands are lower than my knees. (**Figure G.**) ☐ Never ☒ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

23. I lean forward continually when I work (e.g., when sitting, when standing, when pushing carts, etc.). ☐ Never ☐ 0-2 hrs. ☐ 2-4 hrs. ☒ 4-8 hrs.

24. The personal protective equipment or clothing that I wear limits or restricts my movement. ☒ Never ☐ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

25. I repeatedly bend my back (e.g., forward, backward, to the side, or twist) in the course of my work. ☐ Never ☐ 0-2 hrs. ☒ 2-4 hrs. ☐ 4-8 hrs.

26. When I lift, my body is twisted and/or I lift quickly. (**Figure H.**) ☒ Never ☐ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.



Figure H.

27. I can feel vibration through the surface that I stand on or through my seat. ☒ Never ☐ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

28. I lift and/or carry items with one hand. (**Figure I.**) ☒ Never ☐ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

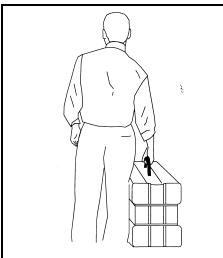


Figure I.

29. I lift or handle bulky items. ☐ Never ☒ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

30. I lift materials that weigh more than 25 pounds. ☐ Never ☒ 0-2 hrs. ☐ 2-4 hrs. ☐ 4-8 hrs.

Part I - Job Factors (continued)

LEGS / FEET

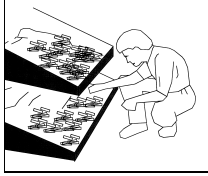


Figure J.

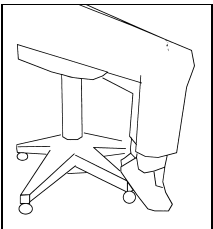


Figure K

- | | Never | 0-2 hrs. | 2-4 hrs. | 4-8 hrs. |
|--|----------------------------------|----------------------------------|-----------------------|----------------------------------|
| 31. My work requires that I kneel or squat. (<i>Figure J.</i>) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I must constantly move or apply pressure with one or both feet (e.g., using foot pedals, driving, etc.). | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. When I'm sitting, I cannot rest both feet flat on the floor. (<i>Figure K.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 34. I stand on hard surfaces. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

HEAD / EYES

- | | | | | |
|--|----------------------------------|-----------------------|-----------------------|----------------------------------|
| 35. I can see glare on my computer screen or work surface. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 36. It is difficult to hear a person on the phone or to concentrate because of other activity, voices, or noise in/near my work area. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. I must look at the monitor screen constantly so that I do not miss important information (radar scope). | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. It is difficult to see what I am working with (monitor, paper, parts, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Part I - Job Factors (continued)

B. ORGANIZATIONAL FACTORS

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
	1	2	3	4	5
yy					
39. I often feel unclear on what the scope and responsibilities of my job are.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I often feel that I have too heavy of a workload, one that I could not possibly finish during an ordinary workday.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I often feel that I will not be able to satisfy the conflicting demands of various people around me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I often find myself unable to get information needed to carry out my job.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I often do not know what my supervisor thinks of me, how he/she evaluates my performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
44. I often think that the amount of work I have to do interferes with how well it's done.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. PHYSICAL EFFORT

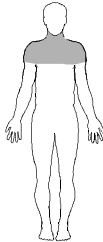
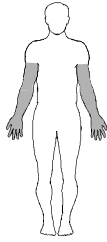
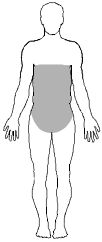
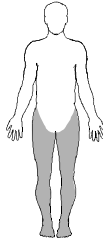
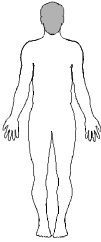
45. How would you describe the physical effort required of your job?

6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
No exertion at all	Extremely light		Very light		Light		Somewhat hard		Hard		Very hard		Extremely hard	Maximal exertion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part II - Your Body's Response to Work Demands

D. DISCOMFORT FACTORS

This section enables you to identify how your body responds to the demands of *your job*. In each section, answer the first question. If the answer is “no” go to the next column.

<u>Question</u>	 <u>Shoulder/Neck</u>	 <u>Hands/Wrists/Arms</u>	 <u>Back/Torso</u>	 <u>Legs/Feet</u>	 <u>Head/Eyes</u>
<ul style="list-style-type: none"> In the past 12 months, have you experienced <u>any</u> discomfort, fatigue, numbness, or pain that <i>relates to your job</i>? 	46. Yes <input type="radio"/> No <input checked="" type="radio"/> <i>If “no”, go to question 49</i>	49. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If “no”, go to question 52</i>	52. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If “no”, go to question 55</i>	55. Yes <input checked="" type="radio"/> No <input type="radio"/> <i>If “no”, go to question 58</i>	58. Yes <input type="radio"/> No <input checked="" type="radio"/> <i>If “no”, go to question 61</i>
<ul style="list-style-type: none"> How often do you experience discomfort, fatigue, numbness, or pain in this region of the body? 	47. Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/>	50. Daily <input type="radio"/> Weekly <input checked="" type="radio"/> Monthly <input type="radio"/>	53. Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input checked="" type="radio"/>	56. Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/>	59. Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/>
<ul style="list-style-type: none"> On average, how severe is the discomfort, fatigue, numbness, or pain in this region of the body? 	48. Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	51. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	54. Mild <input checked="" type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	57. Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>	60. Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/>

Part II - Your Body's Response to Work Demands (continued)

E. GENERAL QUESTIONS

61. In the past 12 months, have you seen a health care provider for any pain or discomfort that you think **relates to your job**? Yes ☐ No ☒
62. Do you experience any work-related pain or discomfort that does not improve when you are away from work overnight or over the weekend? Yes ☐ No ☒
63. In the past 12 months, has any work-related pain or discomfort caused you difficulty in carrying out normal activities (e.g., job, hobby, leisure, etc.)? Yes ☒ No ☐
64. Has a health care provider ever told you that you have any of the following conditions which you think might be **related to your work**? Yes ☐ No ☒
- Tendonitis/Tenosynovitis
 - Epicondylitis (Tennis Elbow)
 - Thoracic Outlet Syndrome
 - Ganglion Cyst
 - Bursitis
 - Back Strain
 - Trigger Finger
 - Carpal Tunnel Syndrome
 - Knee or Ankle Strain
 - Overuse Syndrome
65. Do you have or have you ever had one or more of the following conditions? Yes ☐ No ☒
- Wrist Fracture
 - Thyroid Disorder
 - Rheumatoid Arthritis
 - Hypertension
 - Diabetes
 - Kidney Disorders
 - Gout

Part III - Work Content

The section below will enable you to describe the content of the work that you do in your current shop.

Fill in the box that describes how frequently you do the task listed, based on the following definitions:

- **Routine:** Performed on three or more days per week.
- **Non-routine:** Performed two days a week or less.
- **Seasonal:** Performed only during certain times of the year
- **Never/NA:** You do not perform this type of work.

<u>No.</u>	<u>Type of Work</u>	<u>Work Frequency</u> (Check one)			
		<u>Routine</u>	<u>Non-Routine</u>	<u>Seasonal</u>	<u>Never/NA</u>
66.	abrading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
67.	baking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
68.	bolting/screwing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
69.	calling (telephone use)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70.	chipping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
71.	cleaning by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
72.	cleaning with high pressure equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
73.	coating/immersing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
74.	cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
75.	copying	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
76.	crimping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
77.	cutting/shearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
78.	drafting/CAD system use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
79.	drilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
80.	driving (vehicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
81.	excavating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
82.	filing/general administrative	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
83.	flame cutting/arc cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
84.	folding/fitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
85.	gluing/laminating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
86.	grinding/buffing/polishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
87.	hammering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
88.	lifting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
89.	loading (pallets, trucks, carts, aircraft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
90.	lubricating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Part III - Work Content (Continued)

No.	Type of Work	Work Frequency (Check one)			
		<u>Routine</u>	<u>Non-Routine</u>	<u>Seasonal</u>	<u>Never/NA</u>
91.	machining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
92.	masoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
93.	melting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
94.	molding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
95.	monitoring (visual displays)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96.	mousing (for computer work)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97.	nailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
98.	opening/closing heavy doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
99.	packing/packages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
100.	painting/spray painting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
101.	paving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
102.	pumping (by hand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
103.	riveting/bucking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
104.	sanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
105.	sawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
106.	scanning (using bar code readers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
107.	sewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
108.	soldering/brazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
109.	stapling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
110.	stripping/depainting by hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
111.	stripping/depainting mechanically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
112.	transporting loads on non-powered carts	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
113.	turning valves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
114.	tying/twisting/wrapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
115.	typing/keying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116.	welding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
117.	wheeling loads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
118.	wiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
119.	wrenching/ratcheting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
120.	writing/illustrating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	(Write in others)				
121.	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122.	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part IV - Process Improvement Opportunities

Think about your job as a whole, including routine, non-routine or seasonal work.

Read the questions listed below and **describe the activities** that you or your co-workers think place the greatest demands on your body.

1. Which tasks are the most awkward or require you to work in the most uncomfortable positions?
<i>My workstation is uncomfortable. I do a lot of work using the mouse.</i>

2. Which tasks take the most effort?
<i>As my chair has aged, it has become harder to adjust.</i>

3. Are there any tools or pieces of equipment that are notoriously hard to work with? (If so, list them below)

4. If you could make any suggestions that would help you do your job more easily or faster or better, what would you suggest?

JRPD Survey Summary Report

JRPD Survey Summary Report

You will need to refer to this report in cases when you are conducting pro-active problem-solving in EPRA-designated shops. Table A describes parts of the report that may be particularly helpful.

Table A
JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 1	<p>Steps 1, 2, and 3.</p> <p>Items A.1-A.5 and D.1-D.5 are combined using the Ranking Matrix to generate the Priority Rank for the shop. The highest score for any body region (e.g., shoulder/neck, back/torso, etc.) is used as the Priority Rank on which the EWG makes its initial judgment about EPRA status.</p>	<p>Look at the highest body part ratings for the shop as a whole. If the shoulder/neck, for example, gets the highest ratings, you may wish to pay special attention to risk factors/demands on the shoulder as you perform assessments in the shop.</p> <p>Also, if your Level I Checklist results generate a high relative score for the same region, you might conclude that the job/task which is the focus of your assessment, may be contributing to reported shoulder/neck problems throughout the shop.</p>
Page 2	<p>Steps 4 and 5.</p> <p>The Organizational Rating indicates the perceived level of “job stress” in the shop.</p> <p>The Physical Effect Factors score indicates people’s overall perception of physical demands (e.g., easy, hard, etc.)</p>	<p>A “high” Organizational Rating could indicate that high levels of job stress (e.g., poor relationship with supervisor, high work load, etc.) throughout the shop may be increasing people’s experience with pain and discomfort. While you are not necessarily responsible for dealing with job stress, employees may comment about it during the course of your assessment.</p> <p>A Physical Effect Factors score of 15 or higher indicates that employee’s think the over job demands in the shop are “high” (15 = hard on the survey). You should be sensitive to this as you are performing the assessment.</p>

Table A (Cont'd)
JRPD Survey Summary Report - Items to Include in Pre-Shop Visit Review

Where	Selected Items/Information	What it Tells You
Page 2	<p>Step 6.</p> <p>Health care provider score.</p> <p>Activity Interruption percentage.</p>	<p>Health care provider score indicates number of employees who have received prior medical attention for a disorder.</p> <p>Activity Interruption percentage indicates the percentage of employees whose work or home activities have been affected by work-related pain or discomfort.</p>
Page 2	<p>Step 7.</p> <p>List of routine types of work.</p>	<p>This information is particularly important. This is the list of tasks that you will verify with the shop supervisor and from which you may select jobs to include in your proactive assessment.</p>
Page 3	<p>Step 8.</p> <p>Information on “potential concerns” and “improvement opportunities” within the shop.</p>	<p>Information in Step 8 may help you fine tune or prioritize the list of jobs you wish to include in your assessment.</p> <p>Pay close attention to the improvement opportunity remarks. Employees are providing you with some time-saving insight into what may help reduce ergonomics risk factors or pain/discomfort throughout the shop.</p>

ERPA Status:		Priority Ranking:		Date:		
Date:	16 May 1996	Workplace Identifier:		Base:	Patrick AFB	
Organization:	45 SUS	Workplace:	Base Library	Bldg./Location:	722	
Room/Area:	Library	AFSC:	N/A	Civilian Job Series:	GS1410	
Shop Supervisor:	K Kessler	Duty Phone:	X 6881	Office Symbol:	SVRL	

Step 1	Step 2	Step 3
Write in the Risk Factor Rating for Part I, (questions 1-38, Scoring Sheet pg.1)	Write in the Discomfort Rating for Part II, (questions 46-60, Scoring Sheet pg.3)	Look at the "Ranking Matrix" below and enter the Priority Score in it's corresponding box.
A.1 High	D.1 Medium	Shoulder/Neck = <input type="text" value="7"/>
A.2 Low	D.2 Medium	Hands/Wrist/Arms = <input type="text" value="3"/>
A.3 Medium	D.3 Medium	Back/Torso = <input type="text" value="5"/>
A.4 Low	D.4 High	Legs/Feet = <input type="text" value="6"/>
A.5 Low	D.5 High	Head/Eye = <input type="text" value="6"/>

Ranking Matrix for Priority Score		Discomfort High	Discomfort Medium	Discomfort Low
Ranking Matrix	Risk Factor High	9	7	4
	Risk Factor Medium	8	5	2
	Risk Factor Low	6	3	1

Select the **HIGHEST** score for any body part from Step 3 and enter →

Survey
Priority
Rank:

7

Step 4			
B. Enter Organizational Rating: (Questions 39-44, Scoring Sheet pg. 2)		Comments: <i>None</i>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>Med</i> </div>			
Step 5			
C. Enter Physical Effect Factor Score: (Question 45, Scoring Sheet pg.2)		Comments: <i>None</i>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <i>10.8</i> </div>			
Step 6			
E. Enter the score for each of the General Questions: (Questions 61-65, Scoring Sheet pg. 4)			
E.1 Health Care Provider Score <div style="text-align: right;"> <u> 3 </u> % </div>		Comments: <i>Three employees have sought medical treatment during the last year.</i>	
E.2 Recovery Time Score <div style="text-align: right;"> <u> 17 </u> % </div>		Comments:	
E.3 Activity Interruption Score <div style="text-align: right;"> <u> 33 </u> % </div>		Comments: <i>1/3 of employees report that work-related pain/discomfort has affected job performance/hobbies.</i>	
E.4 Previous Diagnosis Score <div style="text-align: right;"> <u> 50 </u> % </div>		Comments:	
E.5 Contributing Factors Score <div style="text-align: right;"> <u> 50 </u> % </div>		Comments: <i>1/2 of employees have been diagnosed with a condition that could cause them to report pain/discomfort.</i>	
Step 7			
F. List below each of the routine types of work which had shop percentage scores over 20%. (Items 66-122, scoring sheet page 5)			
Type of Work	%	Type of Work	%
<u> <i>Calling</i> </u>	<u> 30 </u>	<u> </u>	<u> </u>
<u> <i>Lifting</i> </u>	<u> 50 </u>	<u> </u>	<u> </u>
<u> <i>Monitoring</i> </u>	<u> 66 </u>	<u> </u>	<u> </u>
<u> <i>Musing</i> </u>	<u> 66 </u>	<u> </u>	<u> </u>
<u> <i>Typing/Keying</i> </u>	<u> 66 </u>	<u> </u>	<u> </u>

Step 8	
Review Part IV (Questions 1-3) to identify tasks, tools, equipment, etc., that employees listed as potential concerns. Comment as appropriate.	Comments: <i>Constant use of mouse</i>
Review Part IV (Question 4) to identify potential improvement opportunities. Comment as appropriate.	Comments: <i>No improvement suggestions notes</i>
Step 9	
Injury/Illness Data: Review the injury/illness history from this shop. Attach information and comment as appropriate.	Comments: <i>One employee has had surgery on both wrists (Carpal Tunnel Syndrome)</i>

Step 10	
Conclusions / Recommendations Summary	
Shop Status <div style="border: 1px solid black; padding: 5px; width: fit-content;">EPRA</div>	Recommendations for follow-up: <i>Refer to Bioenvironmental Engineering for Level I Assessment. Suggest beginning by investigating the type of tasks performed by the employee who has had surgery. Issues may be common to other employees or workstations. See also list of “routine” work from Step 7 (e.g., lifting, computer tasks)</i>

AF Form 190

AF Form 190

Attached is a completed AF Form 190. Table B describes parts of the report that may be particularly helpful.

Table B
AF Form 190 - Items to Include in Pre-Shop Visit Review

Selected Items/Information	What it Tells You
Items 6 and 10. Work Location and Occupation (Job Title/AFSC)	This information may help you pin point the possible job or workstation source of reported potential ergonomics problems.
Item 25. Describe Job Tasks that Resulted in Exposure to Hazardous Materials/Agents (Specify the material/agent).	<p>The more specific the information, the more helpful it will be to prepare for your assessment.</p> <p>If item 25 identifies, “clerical duties, administrative duties,” you will still need to collect a detailed “task breakdown from the employee.” At the very least, however, you know that the Case Study Problem-Solving Matrices for Administrative Work Areas will provide information that you use in problem-solving.</p>
Item 12. Diagnosis and Relevant Medical Data.	This description will help you focus your assessment. In other words, while you will be completing the Level I Ergonomics Assessment Checklist in order to assess exposure for all of the body regions, knowing in advance that the person is suffering from an elbow disorder may make you more sensitive to risk factors for that body region.
Step 31. Bioenvironmental Survey.	One of the primary purposes of the Level I Ergonomics Assessment and Problem-Solving Guide for Administrative Work Areas is to provide you with the tools to supplement your own ergonomics expertise and enable you to complete this section.

OCCUPATIONAL ILLNESS / INJURY REPORT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

95-517

I. PATIENT IDENTIFICATION				
1. NAME (Last, First, MI) [REDACTED]	2. SSAN [REDACTED]	3. GRADE <input type="checkbox"/> MIL <input checked="" type="checkbox"/> CIV	4. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. AGE 41
6. WORK LOCATION Elect Surv Ctr, Bldg 1840	7. DUTY PHONE 554-6541	8. ORGANIZATION AND SYMBOL ESC/SRSWRE	9. INSTALLATION Peterson AFB CO	
10. OCCUPATION (Job Title/AFSC) Computer Assistant 10335			11. SUPERVISOR (Name and Duty Phone) [REDACTED]	

II. INCIDENT / ILLNESS DATA	
12. DATE AND TIME OF EXPOSURE: ILLNESS: Oct94	13. STATUS AT TIME OF EXPOSURE <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY <input type="checkbox"/> LEAVE <input type="checkbox"/> TDY <input type="checkbox"/> OTHER
14. DURATION OF EXPOSURE Oct 94 - Present (10 mo)	15. WITNESS (Name and Phone) Ms. [REDACTED]
16. DESCRIPTION OF SYMPTOMS AT ONSET OF ILLNESS Numbness in fingertips on right hand and slight numbness of fingertips in left hand. Problems holding onto items. Occasional pain in both thumbs.	

III. MEDICAL DATA																
17. DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body parts) 2 May 95 Mild right carpal tunnel syndrome 354.0	18. CLASSIFICATION ² <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>OCCUPATIONAL SKIN DISEASE</td><td>21</td></tr> <tr><td>DUST DISEASE OF LUNGS</td><td>22</td></tr> <tr><td>RESPIRATORY CONDITION DUE TO TOXIC AGENT</td><td>23</td></tr> <tr><td>SYSTEMATIC EFFECT OF TOXIC MATERIAL (poisoning)</td><td>24</td></tr> <tr><td>DISORDER DUE TO PHYSICAL AGENT (Other than toxic material)</td><td>25</td></tr> <tr><td><input checked="" type="checkbox"/> DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss)</td><td>24</td></tr> <tr><td>OTHER OCCUPATIONAL DISEASE</td><td>25</td></tr> </table>	OCCUPATIONAL SKIN DISEASE	21	DUST DISEASE OF LUNGS	22	RESPIRATORY CONDITION DUE TO TOXIC AGENT	23	SYSTEMATIC EFFECT OF TOXIC MATERIAL (poisoning)	24	DISORDER DUE TO PHYSICAL AGENT (Other than toxic material)	25	<input checked="" type="checkbox"/> DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss)	24	OTHER OCCUPATIONAL DISEASE	25	OSHA CODE
OCCUPATIONAL SKIN DISEASE	21															
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DISORDER DUE TO PHYSICAL AGENT (Other than toxic material)	25															
<input checked="" type="checkbox"/> DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss)	24															
OTHER OCCUPATIONAL DISEASE	25															
<input type="checkbox"/> FATALITY	<input type="checkbox"/> RESULTED IN UNCONSCIOUSNESS															
19. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS 2 May 9.5		20. MEDICAL FACILITY 1625 Medical Center Point, Suite 212														
21. TREATMENT ADMINISTERED (Check One) <input checked="" type="checkbox"/> FIRST AID ¹ <input type="checkbox"/> DEFINITIVE CARE (Specify in Remarks)																

22. DISPOSITION OF PATIENTS			
YES	NO	NO. OF DAYS	DISPOSITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>		RETURN TO NORMAL DUTY
<input checked="" type="checkbox"/>	<input type="checkbox"/>		ADMITTED TO HOSPITAL ²
<input type="checkbox"/>	<input type="checkbox"/>		REFER TO PRIVATE PHYSICIAN
<input type="checkbox"/>	<input checked="" type="checkbox"/>		PLACED ON QUARTERS ²
<input type="checkbox"/>	<input type="checkbox"/>		EXCUSED FOR REST OF DUTY DAY
<input type="checkbox"/>	<input type="checkbox"/>		RETURN TO LIMITED DUTY ²
23. NAME OF MEDICAL OFFICER Dr. [REDACTED]			
24. REMARKS Numbness in hands and problems holding onto items began in October 1994. 2 May 95 - Dr. [REDACTED] prescribed use of a splint at night.			

IV. ENVIRONMENTAL DATA	
25. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIALS / AGENTS (Specify: he marrera, 'aperr/ Patient was performing w&id processing/data eA=hcN she felt numbness in fingertips and pain in thumbs.	

V. CASE CLASSIFICATION			
26. OCCUPATIONAL INCIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	27. TYPE <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> ILLNESS	28. WORKPLACE IDENTIFIER [REDACTED]	30. DATE (YYMMDD) 951082
29. REVIEWING OFFICER [REDACTED] Capt 43H3			
1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional care. 2. See AFR 127.i2.			